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BRIEF SUMMARY (For full prescribing information, see package insert.)

Lasix® (furosemide)

A diuretic-saluretic for prompt relief of edema.

CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

INDICATIONS

Lasix® (furosemide) is indicated for the treatment of edema (pulmonary congestion, ascites) associated with cardiac insufficiency and acute noninflammatory tissue edema.

The continued use of heart stimulants, such as digitalis or its glycosides, is indicated in cases of edema involving cardiac insufficiency.

CONTRAINDICATIONS – PRECAUTIONS

Lasix® (furosemide) is a highly effective diuretic-saluretic which given in excessive amounts may result in dehydration and electrolyte imbalance. Therefore, the dosage and schedule may have to be adjusted to the patient's needs. The animal should be observed for early signs of electrolyte imbalance, and corrective measures administered. Early signs of electrolyte imbalance are: increased thirst, lethargy, drowsiness or restlessness, fatigue, oliguria, gastrointestinal disturbances and tachycardia. Special attention should be given to potassium levels. Lasix® (furosemide) may lower serum calcium levels and cause tetany in rare cases of animals having an existing hypocalcemic tendency.

Although diabetes mellitus is a rarely reported disease in animals, active or latent diabetes mellitus may on rare occasions be exacerbated by Lasix® (furosemide).

While it has not been reported in animals, the use of high doses of salicylates, as in rheumatic diseases, in conjunction with Lasix® (furosemide) may result in salicylate toxicity because of competition for renal excretory sites.

Electrolyte balance should be monitored prior to surgery in patients receiving Lasix® (furosemide). Imbalances must be corrected by administration of suitable fluid therapy.

Lasix® (furosemide) is contraindicated in anuria. Therapy should be discontinued in cases of progressive renal disease if increasing azotemia and oliguria occur during the treatment. Sudden alterations of fluid and electrolyte imbalance in an animal with cirrhosis may precipitate hepatic coma; therefore, observation during period of therapy is necessary. In hepatic coma and in states of electrolyte depletion, therapy should not be instituted until the basic condition is improved or corrected. Potassium supplementation may be necessary in cases routinely treated with potassium-depleting steroids.

WARNINGS

Lasix® (furosemide) is a highly effective diuretic and as with any diuretic, if given in excessive amounts may lead to excessive diuresis that could result in electrolyte imbalance, dehydration and reduction of plasma volume enhancing the risk of circulatory collapse, thrombosis, and embolism. Therefore, the animal should be observed for early signs of fluid depletion with electrolyte imbalance, and corrective measures administered. Excessive loss of potassium in patients receiving digitalis or its glycosides may precipitate toxicity. Caution should be exercised in animals administered potassium-depleting steriods.

It is important to correct potassium deficiency with dietary supplementation. Caution should be exercised in prescribing enteric-coated potassium tablets.

Sulfonamide diuretics have been reported to decrease arterial responsiveness to pressor amines and to enhance the effect of tubocurarine. Caution should be exercised in administering curare or its derivatives to patients undergoing therapy with Lasix® (furosemide) and it is advisable to discontinue Lasix® (furosemide) for one day prior to any elective surgery.

DOSAGE AND ADMINISTRATION

The usual dose of Lasix® (furosemide) is 1 to 2 mg/lb body weight (approximately 2.5 to 5 mg/kg). Administer once or twice daily at 6-to 8-hour intervals either orally, intravenously, or intramuscularly. A prompt diuresis usually ensues from the initial treatment. Diuresis may be initiated by the parenteral administration of Lasix® (furosemide) injection and then maintained by oral administration.

The dosage should be adjusted to the individual's response. In severe edematous or refractory cases, the dose may be doubled or increased by increments of 1 mg/lb body weight. The established effective dose should be administered once or twice daily. The daily schedule of administration can be timed to control the period of micturition for the convenience of the client or veterinarian. Mobilization of the edema may be most efficiently and safely accomplished by utilizing an intermittent daily dosage schedule, i.e., every other day or 2 to 4 consecutive days weekly.

Diuretic therapy should be discontinued after reduction of the edema, or maintained after determining a carefully programmed dosage schedule to prevent recurrence of edema. For long-term treatment, the dose can generally be lowered after the edema has once been reduced. Re-examination and consultation with the client will enhance the establishment of a satisfactorily programmed dosage schedule. Clinical examination and serum BUN, CO_2 and electrolyte determinations should be performed during the period of therapy and periodically thereafter, especially in refractory cases. Abnormalities should be corrected or the drug temporarily withdrawn.

Hoechst-Roussel Agri-Vet Company
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Panacur® (fenbendazole) Granules 22.2% (222 mg/g)

FOR DOGS ONLY

DOSAGE: 50 mg/kg (22.7 mg/lb) daily for 3 consecutive days for the removal of Ascarids *(Toxocara canis, Toxascaris leonina)*, Hookworms *(Ancylostoma caninum, Uncinaria stenocephala)*, Whipworms *(Trichuris vulpis)* and Tapeworms *(Taenia pisiformis)*.

DIRECTIONS: The daily dosage of 50 mg/kg (22.7 mg/lb) can be achieved as follows:

1. Using a gram scale, weigh out 1 gram of Panacur® (fenbendazole) Granules 22.2% for each 4.44 kg or 10 pounds of body weight;
   OR
2. Using standard measuring devices,
   - measure ¼ level teaspoon (1.25cc) of Granules for 2.73 kg or 6 lbs. body weight.
   - measure 1 level teaspoon (5.0cc) of Granules for 11.36 kg or 25 lbs. body weight.

Daily dosage must be repeated for 3 consecutive days.

Mix the appropriate amount of drug with a small amount of the usual food: dry dog food may require slight moistening to facilitate mixing with the drug.

CONTRAINDICATIONS: None known.

TOXICOLOGY DATA: Panacur® (fenbendazole) Granules 22.2% did not cause toxicity when administered to weaned pups at doses equal to 5 times the recommended daily dose and for 2 times the duration of treatment.

ADVERSE REACTIONS: Another benzimidazole has been reported to cause hepatotoxicity clinically in canines. However, this effect has not been reported during the clinical use of fenbendazole. In U.S. clinical studies, 3 of 240 dogs vomited which may have been drug related.

DRUG INTERACTIONS: Panacur® (fenbendazole) Granules 22.2% has been administered to dogs in clinical trials along with a wide variety of other drugs including antibiotics, steroids, anesthetics, tranquilizers, vitamins, and minerals. No incompatibilities with other drugs are known at this time.

PRECAUTIONS: Medicated food must be fully consumed to be effective.

Store at controlled room temperature (59-86°F).

Keep this and all medications out of the reach of children.

CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

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